THE JOURNAL OF SCHOOL HEALTH

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THE JOURNAL OF SCHOOL HEALTH

Devoted to the interests and advancement of school health service and instruction. Your participation by membership is solicited.

Vol. XXIX NOVEMBER, 1959 No. 9

THE NUMBER AND KINDS OF FUNCTIONS OF DEPARTMENTS OFFERING DOCTORAL PREPARATION IN SCHOOL HEALTH EDUCATION

LOUIS J. PETERSON, Ed.D

Assistant Professor, Department of Health and Hygiene, San Jose State College, San Jose, California

Multiple and varied university departments offer doctoral preparation in school health education, and, though overall purposes appear the same, the operations vary in that the functions undertaken to reach the agreed upon goals differ widely in number. Physical, financial, and personal affiliations hamper uniformity of offerings to candidates because the activities of particular academic units encompass a wider scope than do those of others, and, thus, it might be concluded that they offer their students greater perspective and wider experience. This article attempts to present the range of activities in which a department might indulge.

Teaching and research appear immediately as two essential functions. An unfixed number of others fill out the total program. The purpose here is to bring forth the largest possible organized offering, to clarify it and its components, and to engender concern on the part of health educators for a "conceptual whole" for the doctoral preparation program. The information offered is steeped in a saturated pool of higher educational offerings which were precipitated of their solidly educational materials and refined by Dr. W. H. Cowley, David Jacks Professor of Higher Education, Stanford University, who further infused them with new meaning and individuality.

The Greek poet Hesiod is quoted as saying:

> Far best is he who is himself all-wise,
> And he, too, good who listens to wise words;
> And whoso is not wise nor lays to heart
> Another's wisdom is a useless man.

Educators cannot be all-wise (as would be first attested to by Mr. Cowley); nonetheless, by processing the contributions from higher education's historical continuum, as has been done by Cowley, and assessing and relating these to their own professional problems they might become more useful men to their own professions. It is hoped that some contribution might be shared by this writing.

Findings in higher education on nature of functions—Cowley, who has studied the structure-function-purpose trichotomy in higher education for about twenty-five years, reports that every important higher education thinker has had a "fling" at describing functions. He reports, however, that considerable confusion and disagreement exist concerning the numbers and kinds of functions that should be performed by higher education institutions; Cowley's research shows that only four functions have been considered by leaders in higher education: Teaching, Storing or conserving knowledge, Researching and Supporting student life.[1]

The functions offered by these scholars imply that the higher education institutions are wholly and completely intellectual. Robert Maynard Hutchins emphatically insists that such institutions are the only ones worth having.[2]

Cowley queries whether this in desirable and whether it is possible.[3]

"Both questions must be answered in the negative," says Cowley, because "everyone agrees that regardless of their desirability colleges and universities in fact perform extra-intellectual functions," and because "all functions have arisen to meet specific needs and have values or utilities which contribute to the over-all functioning of the structures."[4]

Hutchins, in some of his not infrequent denunciations of American higher education, provokes this question, namely, how do colleges and universities differ from churches, business corporations, the Junior League, the Boy Scouts, and other social institutions and organizations? Cowley responds by observing that social structures *do* different things, that is, have different functions.[5] He presents the following conceptual framework which he applies to the problem of listing functions of educational structures. He applies these specifically to colleges and universities; their application to school health education structures will be summarized in subsequent paragraphs.

Dr. Cowley's Conceptions Behind the Analysis of Functions.[6*]

1. Cowley, W. H. "Introduction to American Higher Education," unpublished lectures at Stanford University (Fall Quarter, 1953), pp. 42-46.

2. Hutchins, Robert M. **The Higher Learning in America**, New Haven: Yale University Press (1936), p. 118.

3. Cowley, **Ibid.**, p. 46.

4. **Ibid.**

5. **Ibid.**

6. **Ibid.**, pp. 47-52.

*The presentation has been condensed from lengthier lecture notes and discussions with Dr. Cowley and incorporates indirect as well as direct quotations.

PREMISE ONE: That every social institution is an organic whole, each of its activities or functions interrelating with all others.

PREMISE TWO: That every social institution performs three large categories of functions under which all its functions can be listed:

Raison d'Etre Functions: These consist of the functions for the performance of which the structure exists.

Auxiliary Functions: These consist of functions which facilitate the raison d'etre functions.

Self-Continuity Functions: These are the functions which a structure performs in order to continue in existence.

PREMISE THREE: Social institutions differ essentially in their raison d'etre functions. They also differ in their auxiliary and self-continuity functions, but the basic differences occur in the raison d'etre category.

Dr. Cowley's Listing of College and University Functions

THE RAISON D'ETRE FUNCTIONS: There are two such basic functions performed by colleges and universities:

Education: Only educational institutions undertake this as a raison d'etre function; other social institutions perform it as an auxiliary function to make certain that their personnel is trained as they want it to be or give it educational opportunities not otherwise available.

Investigation or Research: Some social structures undertake this as a raison d'etre function—Smithsonian Institution and various commercial research organizations.

AUXILIARY FUNCTIONS: The colleges and universities exist to perform the functions of education and research; but they assume responsibility for other activities which facilitate the performance of the raison d'etre functions.

Conservation Function: This includes the conservation of books in libraries, of artifacts and specimens of flora and fauna in museums, of pictures and other works of art in galleries, and so forth.

Selection Function: This is the screening activitiy which is accomplished by giving examinations or by setting up admission requirements which constitute direct or indirect examinations.
Social Criticism Function: Professors, being more detached from the active life of society than most other people, have

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Selection Function: This is the screening activitiy which is accomplished by giving examinations or by setting up admission requirements which constitute direct or indirect examinations.
Social Criticism Function: Professors, being more detached from the active life of society than most other people, have

always considered it to be one of their functions to criticize society—sometimes constructively, sometimes destructively.

The Forum Function: Colleges and universities have become important public forums not only for debating important social issues but also for public men to make public statements.

The Honorific Function: Colleges and universities have assumed the function of honoring distinguished men and women in American life.

The Haven Function: This has been inherited in part from the monasteries of the medieval world and created, in part, so that creative people may have opportunities to do for society what they are able to do. With the decline of this method of supporting creative people through the patronage of wealthy men and royalty, the haven function of colleges and universities has become increasingly important.

Cowley classifies the remaining functions as SELF-CONTINUITY FUNCTIONS because these are the functions which a structure performs in order to continue in existence. These are divided into four groups: policy control functions, operational control functions, facilitation functions, and developmental functions.

POLICY CONTROL FUNCTIONS: Society controls the policy of educational structures, but society works through the agency of governing bodies representing it which in turn works through internal governing bodies made up of administrators and faculty members. Together these bodies perform two policy control functions:

Legislating: Legislating policy.

Adjudicating: Serving as judicial bodies and making policy by interpreting and even creating policy.

OPERATIONAL CONTROL FUNCTIONS: This sub-divides into:

Supervising or Superintending: Seeing that the work gets done in proper fashion.

Coordinating: Organizing the work of the structure efficiently.

FACILITATION FUNCTIONS: These facilitate the performance of all other functions:

Money Centered Function: Managing endowments, collecting fees, arranging money-producing contracts, etc.

Materiél-Centered Function: Maintaining buildings and grounds, purchasing and making available equipment and supplies, etc.

Personnel-Centered Function: Facilitating the work and morale of the personnel in general; recruiting staff; setting up working arrangements; organizing and maintaining faculty rooms; operating the status structure—ranks, promotions, etc.

Clientele-Centered Function: Recruiting students; admitting them; protecting them physically and morally by means of residences, food services, health services, and so forth; providing them with social opportunities; making financial aid available, and helping them find employment upon their departure.

Record-Centered Function: Maintaining necessary records—financial, educational research, library, and so forth.

Public-Centered Function: Keeping the public informed of what the educational structure is doing and plans to do and the reasons for its activities.

Ceremony-Centered Function: Conducting ceremonies in some of which only small groups participate such as in professional society initiations but in some of which the general public may attend such as commencements and athletic contests. Student life in particular emphasizes ceremonies: initiations, formal dances, group "sings," etc. Monuments, portrait, and other memorials also constitute kinds of objective ceremonials.

DEVELOPMENTAL FUNCTIONS: In a fast changing society all institutions also change rapidly, and better structures give continuous attention to three kinds of these:

Program Development Function: Developing both in range and efficiency its various functional programs.

Financial Development Function: Raising new funds.

Self-Study or Institutional Research Function: Evaluating progress. (Self-study committees are giving way to the more highly effective institutional research organizations.)

With the Cowley classification as a guide, the present writer reported in his dissertation, "The Functions of Departments Offering Doctoral Preparation in School Health Education,"* the findings from the literature and letters of inquiries on the functions being performed today by higher education structures engaged in preparing doctoral candidates in school health education. He discovered great variation from structure to structure but, despite these differences, found that the Cowley list covered all the functions performed.

*Available through the inter-library loan, Stanford University, and through University Microfilms, Ann Arbor, Michigan.

PROPOSED DEVELOPMENT OF FUNCTIONS—The proposed development of the above listed functions came from health education leaders whose opinions were sought in interviews concerned with what functions *should be* performed in order to improve the school health education doctoral programs; to point the way to the production of better teachers, leaders, administrators, and creative scholars; to stimulate and improve the quality of research and its consumption; and to develop specialists in school health education.* The conclusions drawn from the opinions canvassed demonstrated that all of the functions listed by Cowley should be applied in varying degrees by the departments offering graduate professional preparation in school health education.

The writer compared the data gathered on the history, the present status, and the proposed development of the health education programs. He concluded that an agreement on the functions performed must come first before this enterprise can be identified as an acceptable profession and that the Cowley listing and classification offers a complete, though, at times, an unwieldy group by which to analyze departmental functions, but one which provides a most complete framework upon which comprehensive programs of doctoral level work in school health education might be built.

From this come two recommendations: The first of these is that a list comparable to Cowley's but one which will cover the functions of departmental level structures more specifically should be developed to facilitate the analysis of present and future functions of structures engaged in school health education. The Cowley listing covered the whole spectrum of activities, and no other source known to the writer disclosed additional ones. This grouping, which was devised for the analysis of colleges and universities, proved, however, diffcult to use in the analysis of departments. This difficulty, then, points up to the need for a listing which incorporates all the items presented by Cowley but which is couched in terms more meaningful for departmental analysis. Although some functions do not warrant frequent attention, they must be included in order to accommodate future expansion. An example might help clarify this opinion. Today the materiél centered activities in school health departments are inconsequential; tomorrow, however, many new materials may be incorporated into our programs and thus necessitate such a functional category. This means that a total listing of functions, though some may be dormant, should be available.

*Goals sought by Pere Marquette Conference, 1950.

The second recommendation is that each function on such a listing be pursued in research and practice. Each function grouping represents an opportunity for important research and practical application. For example, if one student were to accept the task of researching into the clientele-centered functions, if another undertook the study of the investigation function, all might contribute to the better understanding and operation of school health education programs.

In this writer's considered opinion, the analysis of school health education department functions provides the personnel in this academic field with a more complete understanding of their work. The writer has achieved for himself a more thorough knowledge and a fuller comprehension of school health education departments' activities by this investigation and believes that others will find the approach equally profitable both personally and professionally.

* * * *

ABSTRACT — NUTRITION AND SKIN DISEASE*

W. A. KREHL, M.D., Ph.D., *Associate Professor of Nutrition, Nutrition Laboratory, Department of Biochemistry, School of Medicine, Yale University, New Haven, Connecticut*

There is little question that dietary deficiency, whether primary or conditioned, is associated with dermatological lesions which clear on therapy with the proper nutrient. These lesions have been particularly associated with vitamin A, riboflavin, niacin, vitamin C, vitamin K, and pyridoxine.

Dermatoses associated with obesity make it clear that careful dietary restriction in these cases is important. Undernutrition, a much more rare phenomenon in this country, may be associated with general pallor, scaling, loss of hair pigment, dryness and loss of elasticity of the skin.

Allergy to foods may often cause skin disorders, and such foods should be eliminated from the diet and substitutions made to maintain good nutrition. A careful nutritional history, physical examination, and, if necessary, biochemical studies should be conducted to rule out evidence of nutritional abnormalities. The underlying defects related to dermatoses of unknown etiology may be the result of improper nutrition and metabolic error endured over very long periods of time.

*Presented at 41st Annual Meeting of the American Dietetics Association, Philadelphia, Pa., October 22, 1958.

SCHOOL HEALTH BY CITIZENS' COUNCIL

HERB HACKENBURG
Field Counselor, Ohio Tuberculosis and Health Association

Ottawa County, by the shores of Lake Erie in northern Ohio, is a vacationer's paradise, But, until a few months ago its school health program seemed to have taken too long a vacation. The pitiful thing was that most of the citizens in Ottawa County were not aware of any problem.

In the late Fall of 1956 the Board of Directors of the Ottawa County Tuberculosis and Health Association set out to do a survey on TB control and the general health in the county. The survey team, helped by two members of the State Planning Commission for Health Education, found a woefully inadequate program being conducted in the area of school health.

It was decided that something should be done about it and be done quickly. A team from the county was organized to attend an annual three-day state conference on school health. The team was made up of representatives from the medical and dental associations, a school teacher, a school administrator, a county health department nurse, a representative from the mental health association, and, of course, the tuberculosis association.

At the conference the Ottawa County team placed their problems under the close scrutiny of all attending the conference. The picture they saw was not a very pretty one—inadequate supply of nurses, no written health policy, no uniform physical examinations for school children, no parent or student health education program, no routine dental, vision or hearing examinations, no organized immunization program, and agencies and persons already interested and concerned were not being used to the fullest extent.

After the conference, the citizens of Ottawa County began to stir. The team seemed to be the natural nucleus for a school health organization, and since the tuberculosis association originated the first survey it became the "foster parent" of the Ottawa County School Health Council in late 1957.

With complete financial backing from the tuberculosis association and the Herculean efforts of Gretchen Claus, the TB association executive secretary, the Council enlarged its membership to its present 40 persons. Mrs. Claus wrote to every organization in the county which would have the slightest connection with school health (that includes almost every organization in the county), and asked them to send representatives to the meetings of the

Council. When these representatives came to the Council meetings they were asked to join and work with the emphasis on "work."

At every meeting attended, Mrs. Claus talked "School Health Council;" every TB association news release and letter within the county mentioned the School Health Council; almost every local phone call from the TB association mentioned the School Health Council.

The Council now has the services of hundreds of interested volunteers, an energetic program of defining, establishing and continuing an adequate school health program, plus establishment of long-range objectives with responsibilities designed according to the abilities, legal and financial limits of the various organizations concerned.

This program now includes six areas in dental hygiene, vision and hearing tests, nutritional studies, and health education for both students and parents and a stronger immunization program.

While most of the actual work is done by nonprofessional volunteers, this work is closely supervised by the Ohio Department of Health which is watching the Council very closely with an eye to getting similar councils started throughout the state.

What does Ottawa County think of its council? PTA's, the Junior Women's Club and the tuberculosis association have already purchased vision screening equipment and audiometers. The Lion's Club purchases glasses for needy students, the county dentists give their time freely, and literally thousands of column inches of publicity have been given by the local newspapers, including one of America's leading dailies, from nearby Toledo, Ohio.

Thus far, the TB association has been the sole financial support of the Council. The Council is well-organized with a written constitution and by-laws, a slate of officers elected every year, and two major committees—steering and finance. The TB association executive secretary at this time serves as the Council's "coordinator" which means she serves as a liaison between the Council and official and other voluntary health agencies. The actual Council membership has been stabilized at 40 members and meets once a month with various committees and sub-committees as the occasion arises. The 40 members are representatives from almost every organization in the county which is in any way connected with health. For example, besides the original nucleus, the Council now includes representatives from such organizations as the local Board of Health, several churches, PTA groups, service clubs, and so on.

Volunteers who actually conduct the preliminary eye and hearing examinations are mostly mothers from PTA groups, or retired nurses. In one case the volunteers were so energetic and well-organized that they completed the hearing testing program in one school before the reporter and photographer from the local newspaper had a chance to cover the story.

Most of the members of the Council and the Council's volunteers were amazed at the huge amount of health education materials which are available from manufacturers, insurance companies, state and national official health agencies, and state and national volunteer health agencies. A typical reaction was, "Why, I had no idea that all these things were available and most of it free of charge, too."

Says Mrs. Claus, "The Council has been a motivating factor in securing and more fully utilizing the already available services for better school health in our county. The TB association is proud to have been the demonstrating agent in such an important community service."

* * * *

NEWS AND NOTES

World Federation for Mental Health

Plans for a World Mental Health Year in 1960 sponsored by 108 mental health and professional societies in 43 countries and territories were announced recently at the New York office of the World Federation for Mental Health.

Following the pattern of the International Geophysical Year, the purpose of the program is to stimulate mental health activities, including research, with a maximum of international co-operation.

Five major mental health objectives have been singled out for intensive effort:

1. To increase the study of child development in different countries.

2. To increase the knowledge of the many causes and the distribution of mental illness.

3. To improve and extend the teaching of the principles of mental health in medical and nursing schools, teacher training colleges, schools of social work, theological seminaries and similar centers of professional training.

4. To develop knowledge and techniques for dealing with the human relations problems which arise in industries and all types of occupation.

5. To encourage the study and creation of better methods of preventing and dealing with psychological problems arising from migration within and between countries, whether voluntary or involuntary.

WE NEEDED A SCHOOL HEALTH PROGRAM, AND WE GOT IT

JEAN BERNSTEIN, B.A., HARRIETTE BEHRINGER, B.A.
Kindergarten Teachers, Park Forest, Illinois

School district 163, serving a young community, Park Forest, has multiplied itself 25 times in only nine years. To keep in step with such phenomenal growth, a school health program had to be well-planned and implemented.

School Health Policies

In the early years of Park Forest, when schools were new and few, there was no official health policy. Prior to 1952, services were handled by the Harvey area office of the Cook County Department of Public Health with assistance from parent volunteers.

In March, 1952, a Village Public Health program was set up through the combined efforts of the village government, (specifically, the Board of Trustees,) and the district 163 school board. Here arose the idea of employing one nurse to serve *both* community and school. That village health and school health are inseparable, then, was the essence of this cooperative program.

How the Program Grew

Mrs. Florence Thompson, first village nurse and now the nurse at Rich township high school, points out that other systems were visited and studied, and the best was borrowed from other successful programs. She leaned heavily on her own past experience and on the "School Health Services" literature published by the American Medical Association, the National Education Association, and the American Nurses' Association. She did more than read and observe. She interviewed every doctor and dentist in Park Forest, collecting ideas on school health procedure. She discussed vision conservation with the Illinois Society for the Prevention of Blindness. Representatives of religious groups who might be wary of health examinations and procedures were consulted and cooperation was obtained.

How We Got Cooperation

At the suggestion of Mrs. Emily Wechsberg, supervising public health nurse, the school district and public health nursing staff of the village adopted the Standard American Red Cross First Aid procedures as School Standing Orders in flip chart form, and added "Classroom Teachers' Responsibilities in the School Health Program," "School Secretaries' Responsibilities in the School Health Program," "Criteria for Referral to School Health Services"

and all existing School Health policies—and enclosed them in a "School Health Services Notebook." An envelope on the back inside page holds the pamphlet, "What Every Teacher Sees",[1] and the State of Illinois Communicable Diseases Wall Chart. This notebook goes to each teacher and principal, informing them that this is "a combined, integrated program being worked out with cooperation between the Village of Park Forest and school district 163." The notebook is distributed during the Teacher Health Workshop at the beginning of every school year.

Information about the School Health Services, including a condensed facsimile of the Communicable Diseases Wall Chart, is organized into a "Parent's Handbook", which is presented to parents registering students new to the district. Revised, up-to-date copies are distributed to all parents in the district about every two years.

Our Current Program

The "heart" of the program is not, however, its publications. The three full-time nurses and one half-time nurse are responsible to two administrations: the Board of Trustees via the village manager, and the Board of Education, via the superintendent of schools. Spending an average of two afternoons per week in each of the eight schools, and one afternoon per week in the parochial school, the nurses serve about 4900 pupils. All nurses are registered and have Public Health Nursing certificates. Three are working on Public Health Nursing degrees. They keep on their toes professionally by attending clinics and conferences of all sorts. The supervisor attends American Public Health Association conventions annually.

Allied services are provided by two local pediatricians, volunteers, who serve as deputy health officers. They work informally, mainly handling referrals sent them by nurses and other specialists. The "allied services" also include three speech correctionists, two visiting counselors, and one teacher-counselor.

Responsibility for furnishing supplies for the school health program is that of the school district alone, the policy being that cotton balls and bandages are as vital as paper and pencils.

Fortunately, there has been little call for equipment expenditures on a budget which is already tight. Almost all equipment to date has been donated by civic clubs. One group even phones the supervising Public Health Nurse every once in a while to see if there is anything she needs for her program.

1. Metropolitan Life Insurance Company.

Volunteer Helpers

Helpers are legion. Mothers of school-age children assist in many health areas. They are contacted by the PTA health chairmen in their respective schools. A PTA health and welfare services coordinator supervises their training sessions and activities. Typical of their work is the administration of vision and hearing tests throughout the district.

In addition to volunteer housewives, other effective helpers are the clergy, the social service agencies, such as Family Counseling, and the two local newspapers. The supervising nurse writes her own news "releases" and the editors are generous with space and pictures.

What the Program Covers

Emphasis is focused on five responsibilities: First Aid procedures, communicable disease control, health appraisal, health screening and health education.

Policy includes this basic fact (from the School Health Services Notebook): "procedure outlined in this manual is not a substitute for professional medical care." The role of the private physician is made clear throughout the notebook, and foremost emphasis is on parent responsibility.

The maintenance of well-equipped *First Aid rooms* is a primary obligation. Each teacher is oriented in First Aid procedures and in care and use of her First Aid box. A well-defined plan exists for emergency care during the nurse's absence.

Nurses and school personnel cooperate to carry out *communicable disease regulations.* Communicable Disease Wall Charts are posted in classrooms to facilitate an on-the-spot symptom check by teachers. A boon to health-conscious parents is the warning notice sent home when any child receives a probable exposure in the classroom. Of course, there is an established policy governing return to school after a bout with a diagnosed case of communicable disease.

Health appraisal is another shared responsibility. Before Johnny enters kindergarten, he is required to have a medical and dental examination. The filing of these reports in his school health folder begins his health record. A careful check is made to insure re-examination at the four year intervals specified by Illinois state law.

Yearly dental examinations are encouraged. During Dental Health month, February, dental inspection cards go home with each child. These serve as a reminder to parents to "make that

appointment now." The cards stagger back to the schools over a period of a year. Almost 100% participation in this program indicates the amazing success of this informal approach.

Clearly, the most dramatic part of the health program is the *"mass screening"* held each October. Testing equipment is moved in and PTA volunteers swarm to the schools to assist with its operation.

Vision testing, using the Massachusetts Vision Testing Units, is done on all children in even numbered grades and on any child referred by the school staff. For the school year 1957-58, 1843 children were screened, of which 137 were referred to their own doctor for an eye examination.

The Beltone Audiometer is used to give hearing tests to all children in the odd numbered grades as well as to those with referral slips. Of the 2129 children screened during the 1957-58 school year, 27 were referred for further examination.

A new dimension was added to the "mass screening" in the fall of 1958 when 4113 children lined up to receive *tuberculin skin tests.* Positive reactions occurred in 33 cases; however, after x-ray examinations of all immediate family members, no active case of tuberculosis was found.

Records of *weights and heights* are carefully tabulated. All information obtained during the October screening program is transferred onto the individual health records. An up-to-date file is maintained in the school office where these records are available for use by nurses and school personnel.

Health education is an obligation to which the nurses give serious attention. They assist in the planning of special health programs and act as resource people for the classroom teacher. Within a year, talks were given to students at various grade levels in 38 classrooms. This year, two families of white rats reside in the window of a classroom at Blackhawk school, a nutrition project jointly directed by nurse and teacher.

It is in the area of health education that the advantage of the integrated village wide program comes into full play. Under this program, the same nurse who attends the child in school also attends the other members of his family. Thus is avoided duplication of effort and overlapping health services. The nurses are also responsible for the health needs of all the families within the geographic area of their assignment insofar as these needs can be met through services provided by the generalized health program.

An interesting example of the dovetailing of village and school health responsibilities is the recently established *Overweight-Underweight* program. Parents whose children deviated 20 pounds from their ideal weight were contacted by the nurses. Interviews stressed nutrition counseling and a check-up by the family doctor was suggested. A nutrition class began to help parents gain understanding of the needs of children with special weight problems.

"Better Teaching for Good Nutrition," a program to which all teachers were invited, emphasized the role of the classroom in developing good nutritional habits. Two nutrition experts from the Cook County Public Health Office discussed effective methods of teaching nutrition to elementary school children.

The Program is Evaluated

The problems of overcrowded schools and personnel shortages appear in Park Forest as they do throughout the nation. Lack of space, for example, makes the use of folding cots mandatory. At some schools, the teacher's lounge or principal's office must double as a First Aid room.

In district 163 there are three full-time and one half-time nurses spending a half-day each in the area of school health services. This is one and three-fourths nurses, statistically speaking, and a minimum load of 3000 children. Obviously, there is a *need for more nursing personnel.* Both school board and village budgets need to be increased for fullest health services.

What is good about the program?

In general, the policy of school-community cooperation is workable and fundamental, with methods based on the best current thought and practice, and subject to constant examination and improvement.

An exchange of information on optimum allocation of nurses' time is now taking place with Denver schools. A re-evaluation by the staff took place two years ago, resulting in greater emphasis on preventive measures and on public health education for student and parent groups.

Insistence on retaining only high calibre personnel, using sound public health practices, together with excellent cooperation from community residents and the village government are basic factors in our program's success.

* * * *

STRENGTHENING FAMILY LIFE THROUGH HEALTH AND SAFETY IN THE HOME

JOHN C. THOMPSON, Ph.D.
Director, Health, Physical Education and Safety, Lincoln Public Schools, Lincoln, Nebraska

Presented to the 37th Annual Conference of the Nebraska Congress of Parents and Teachers, Norfolk, Nebraska, High School Auditorium, April 30, 1959, 1:15 p.m.

Madam President, platform guests, and members of the Nebraska Congress of Parents and Teachers. The topic assigned to me is of such magnitude that I am reminded of the hungry mosquito who flew over a nudist colony. He realized at once that there was so much work to be done that he didn't know where to start. I believe that the National PTA Congress made an auspicious start in 1925 when they inaugurated the summer round up program of pre-school examinations and immunizations. In 1956 another tremendous stride of progress was taken with the adoption of this program of continuous health supervision of children. With these official campaigns of concerted action, a high level of health appraisal, correction and immunization has been achieved in many communities, districts, and local units. Close to 100% response has been reported in some cities. Despite this spectacular success in certain localities, there are others that are lagging badly; in fact, health authorities in many places are appalled at the lethargy and apathy toward the recently developed polio vaccine.

There is also a great deal of work to be done in other areas of health and safety. The area of mental health is among those most urgent, but not considered seriously by many parents until their children reach adolescence. The seeds of good or bad mental health are sown during the pre-school years when behavior, personality, and social adjustment patterns are developed. A judicious balance between love and discipline determines the characteristics of children's behavior that are soon to become habitual. Early detection of trouble-making, over-aggressiveness, destructiveness, or daydreaming are essential to the prevention of more serious difficulties in later years. Parents should familiarize themselves with symptoms of pre-delinquent behavior and report questionable incidents to school authorities for study and possible treatment.

Nutrition is another health problem that needs attention in many homes. Even in well-to-do homes, inadequate or improper diets are common. A large number of teen age girls skip breakfast in order to worship at the shrine of an hourglass figure. Many

other youngsters cannot afford adequate nutrition. Others develop food habits that will contribute to chronic obesity, heart and circulatory ailments, malnutrition and other problems in later life. Information and education regarding proper nutrition are available, and every parent should feel responsible for being informed on the essential facts in this area.

Sleep for school age youngsters is not to be taken for granted. Certain communities are known for their "night clubs and day beds." Inadequate sleep may cause loss of vitality and alertness, as well as irritable dispositions and tardiness. No child can achieve at his maximum level of performance unless he is rested. Parents should assert their authority in order to assure adequate sleep for their youngsters.

Exercise is at a premium in our society of television watchers and automobile drivers. One speaker recently described our plight in 2000 A.D. as evolving to "one small foot for the power brake, one average sized finger for the push button, and one well developed area for sitting." Parents can exert their influence by a healthy example of walking when the distance and weather are reasonable, thus avoiding the frustration of traffic and parking problems. There is time for play and recreation as well as television, which is probably here to stay. Volunteer activity programs attract only a limited number of participants, usually not including those who need it most. President Eisenhower, most governors, and mayors have proclaimed the week of May 3 Youth Fitness Week in order to dramatize the urgent need of our young people to reverse the trend toward soft living, and exercise their way to health, strength and vigor. Parents and youth alike must respond to this challenge if the needs in this vital area are to be met.

Accident prevention is the goal of all safety programs. Homes can be safe when parents insist on fire inspections, remove hazards, develop safety attitudes, and observe all precautions on sidewalks, streets, and while driving automobiles. Most parents do these things and insist that their children do them. There is still much to be done in the area of safety, however, among those parents who do not attend meetings where these areas are discussed.

The PTA units that I am familiar with, are a powerful force in the community. They are exerting a tremendous influence for health and safety, such as petitioning for ordinances, laws or requirements for fluoridation of water supplies, rabies control, driver education, and other vital measures that are needed. But with the work that remains to be done, there is no cause for rejoicing. We

must continue to maintain a constant vigilance as members of the team of lay and professional workers if health and safety in the home are to be assured; and we will need to go beyond the three mile limit to get this important job done.

* * * *

SAFETY NEEDS OF ELEMENTARY SCHOOL BOYS AND GIRLS*

Reprinted from Safety Education, October 1958**

Children need:	Attitudes Competences Knowledge Skill Orientation and guidance before measurement and diagnosis	Intellectual, Physical, Social, Emotional
Children should have:	Measurement and diagnosis of needs before instruction Participation in planning and executing activities leading to safe living for self and fellows	
Children should have opportunities for:	Evaluating their own safety abilities Solving problems in realistic situations involving hazards Learning through experience within the limits of educative potential	
Children need experiences leading to:	Emotional maturity Faith in regulatory rules Management of fears Consideration for rights and privileges of others Self understanding Realistic self-confidence	
Experiences should be:	Broadly conceived Related to the situation in which the child is living Related, promptly, to abrupt changes in environment	
Children need:	An environment which is safe but not sterile	
Children need protection through:	Laws Community planning Community education Home free from unnecessary hazards Home and family life education	
Children need adults (parents, teachers and others) who are:	Honest in regard to hazards Consistent in word and act In accord on safety practices Alert to the changing capabilities of the child Alert to evolving hazards	
Children need teachers who, in addition, are:	First of all, good, well-rounded teachers Alert to the need for safety education Able to guide growth toward safety competence Safe in their own practices	

*See Article by James Mann—titled Working Together for Good Safety Education in Elementary Schools.

**For information re chart write to National Safety Council—425 No. Mich. Ave., Chicago 11, Illinois.

Children need school administrators who:	Understand Value Provide for education for safe living

Channels for Disseminating Facts and Ideas

Cross fertilization of ideas from organization to organization; within an organization from member to member; suitable for professional, non-professional, adult and youth groups.

Publications:
Newsletters
Newspapers: school, community, city
Pamphlets—bulletins
Church publications
Organization journals
Yearbooks
Textbooks
Teaching materials

Contacts:
Individual
Group

Correspondence:
Individual
Group

Operating Techniques

Research (as a basis for action programs):
Questionnaires
Statistical Studies
Surveys
Promising practices

Conferences:
Local
State
Sectional
National

Committees . . .
Standing and Special:
Oral reports
Printed reports

Audio-Visual Aids:
Film
Radio
Television
Posters
Tape-recording

Exhibits:
At classroom teachers' conferences, state and national association meetings, etc.

Demonstrations:
At classroom teachers' conferences, state and national association meetings, etc.

Special Weeks

Appraisal of:
Research
Programs
Materials

* * * *

NEWS AND NOTES

Facts About TB

Tests have shown that about a third of the U. S. population has been infected with TB. One out of 20 of these will probably develop the disease.

Last year alone, there were over 80,000 new cases of tuberculosis. Those were the ones that were found. Another 100,000 Americans have tuberculosis in active, infectious form and do not know it.

Known and unknown, people with active tuberculosis are sources of infection, passing the disease on to others.

During 1958, around 12,000 people died of tuberculosis. That's one new case every six minutes; one death every forty-five minutes.

Tuberculosis is a serious, chronic disease. There are no telltale symptoms in the early stages. Fever, night sweats, hemorrhage come much later, often only after there has been irreparable lung damage.

HEALTH EDUCATION TECHNIQUES

Health Education Kits, Related Aids and Models

By DORIS BOGAN, R.N., P.H.N., B.S.
San Diego, California

The Health Education Department of the San Diego City Schools, with the cooperation of the Audio-Visual Department, has prepared some "kits" which can be used to demonstrate a variety of methods and materials in health instruction. Each kit is a planned group of materials on a health subject, contained in a wooden or cardboard box for easy handling. Each one is the result of extensive committee research by Health Education personnel. Kits have been prepared in the following areas: hearing, vision, growth appraisal, dental health, social hygiene, communicable disease control, and the medical examination. Models include two posture dolls and a large heart. As an example of the contents of the kits, the Growth Appraisal Kit contains the following items: enlarged photographs entitled, *Weighing and Measuring, How Old Are We? We Are All Nine Years Old, We All Help, We Have Good Posture,* and *Our Class is Weighed;* posters from the Dairy Advisory Board on posture, *We All Like Milk,* and *What We Do Day by Day;* posters from the National Tuberculosis Association on sleep; three Higby posters; records entitled *Health Can Be Fun* and *Posture Pals;* books entitled *A Time For Sleep, Growing Story,* and *The Very Little Girl;* many pamphlets—*Growing Healthfully, Games That Help Develop Habits of Good Posture, Is It True?, Why Sleep?, Growing Up* and *Overweight and Underweight;* and teaching aids entitled *Posture, Rest, and Sleep; Posture Teaching Aids for Girls, Growth Records for Girls and for Boys.*

A variety of health education techniques will be presented, using individual items from the various kits as examples. The items chosen are not exhaustive, but only examples.

A Flannel Board is Useful in Health Teaching. A flannel board is simple to make by covering a light weight board such as fibre board or bulletin board cork with some cotton or paper felt. If some of the same material or some fine sandpaper is placed on the backs of the pictures, the pictures will stick to the board. The flannel board is an excellent device to use in calling attention to one item at a time, ending with the whole story. The DENTAL KIT contains felt-backed pictures of the foods which make good snacks. As narrator, the nurse can explain the all-important "Why" as she presents the different foods.

As presented to the School Nurse Institute in September, 1958.

Models are Helpful. A model gives that all-important third-dimension and something to feel and hold. Models are hard to obtain on an individual basis because of expense, but are valuable in a department. The heart model has a hinged flap for viewing the valves, and helps us to explain the circulation, some kinds of heart disease, and how we use the stethoscope in a physical examination. The standing Posture Doll helps to explain the harm done by the popular posture errors and what may happen to the rest of the body. Most nurses have access to models of the teeth which can be used in many ways, including dramatic play as the children work on proper brushing methods. The single tooth model in the Dental Kit which can be opened is an interesting one to use in showing tooth decay and the structure of the tooth.

Film Strips and Slides are Familiar Aids in Teaching. Almost all of the kits contain this type of material: the COMMUNICABLE DISEASE KIT has colorful slides of rashes for identification; and the VISION KIT has good slides on the parts of the eye. Films present the same material which is available on film strips, and of course have many advantages. Slides, however, have certain advantages also, in making special emphasis possible and giving greater opportunity for using other teaching devices in the same presentation.

Records are of Value as a Health Education Tool. The GROWTH APPRAISAL KIT has two good examples which have already been mentioned—"Posture Pal" and "Health Can Be Fun". Record players are usually readily available in the elementary school and children are familiar with their use, they make good teaching aids. Additional records on health topics are available in the Audio-Visual Department.

Posters are Not Always Available. Many wonderful posters are available in the health field but occasionally we find areas where additional material is needed. The Audio-Visual Department of the San Diego City Schools has been of tremendous help in these areas by using many techniques such as the examples following: taking actual photographs of procedures in the school such as weighing, audiometer testing, and the physical examination; enlarging forms such as the audiometer graph; reproducing and enlarging drawings such as the muscles of the eye and the parts of the ear. These are all beautifully and professionally done but a nurse can use some of these same methods for making her own material in this important area.

The Nurse is a Teaching Aid. The classroom teacher or the PTA program chairman who asks the nurse to talk to her group is using the techniques of calling an expert or specialist to add interest to a subject. Among the most important materials in these kits which help the nurse are the many books and pamphlets containing correct, scientific information that assist the nurse to become that well-informed expert who is asked to speak.

Those of you who have made a study of Health Education Techniques will realize that this list is far from exhaustive. The kits will be changed continually as committees continue to function to keep them up to date. Possibly such additions as sample chalk talks, or games, or plays, or puppets will be used—the prospects are endless and exciting.

In all instances, the materials used in this presentation have been examples only, with no attempt to be all-inclusive. The nurses of the City Schools are reminded that the material in each kit is limited to one specific area for the purpose of making many types of material available in one subject area. They are reminded that additional materials are available in the same subjects covered by the kits and in many areas not covered. They also have access to an extensive library of films, film strips, slides, study prints, records and models in the Audio-Visual Department.

* * * *

MEETING

12th Annual Meeting American Association of Blood Banks

More than 1,000 members of the American Association of Blood Banks are expected to attend the 12th Annual Meeting of the association to be held November 4 through 7 at the Edgewater Beach Hotel, Chicago, Ill. The meeting will feature papers on scientific and technical aspects of blood banking, as well as administration of this medical specialty.

Latest developments in precise methods of determining hitherto rare blood types will be reported, as well as new methods of simplifying cross-matching, techniques pointing toward the solution of the yet-unsolved problems such as preservation of blood for longer periods of time, and methods of lessening the hazard of hepatitis.

A DENTAL HEALTH EDUCATION PROGRAM

ANITA M. ELLINGSON, M.P.H.
Assistant Professor, University of Illinois College of Dentistry, Chicago, Illinois

The University of Illinois program for Dental Health Education Experience for Dental Students was changed this past year to include bite-wing x-ray examinations and limited service to medically indigent children. This clinic on dental health was manned one half day per week by fourth-year dental students, two to three dental assistants and two dental assistant trainees under the supervision of Dr. John Spence and Anita M. Ellingson, health educator. A small clinic was set up at the McKinley Center, 2040 West Adams Street, in the Midwest Community, with six portable chairs loaned by the Illinois Department of Public Health.

The program was explained in child language by the dental students to the grades in preparation for the clinic experience. Tooth brushing was demonstrated on an oversized model of the dental arch. Movies and slides on oral health were used to augment subjects on diet, refined carbohydrates in relation to dental caries, and problems associated with loss of teeth. In addition, dental faculty members were invited by the school to talk before general school assemblies on phases of oral health.

The notices to the parents regarding their children's teeth and parent consultations were facilitated by the teacher-nurse and the individual school-room teachers. Great effort was made on their part to get as many of the parents as possible to attend these sessions on instructions in oral health. This was done with the hope that dental health would be promoted, also, at home. We started with the 6th grade and worked down toward the lower grades.

The children were taken from the class room six at a time so as to disrupt the classes as little as possible. Each child was instructed to brush his teeth before a large mirror, under tbe supervision of a dental student or the dental assistant. Upon entering the dental chair, the child rinsed his mouth with a mercurochrome disclosing solution to indicate unbrushed areas. These neglected areas were pointed out before a mirror and corrected. The dental students stressed what they called the "Big Three" in toothbrushing: *how*, by demonstration; *when*—immediately after eating and before retiring at night; *why*—for promotion of better health.

The dental examinations this past year revealed that only three children out of 142 from the 6th grade through the third had

completely healthy mouths. Thirty-three precent of the 6th grade pupils had to have one or more extractions of the six-year molars; an equal number were saved by treatment at the University of Illinois Dental Clinics. Among the lower grades, naturally, there was less extensive dental decay. It is in these early years that the greatest impact on the prevention of extensive dental diseases could be made if more facilities were available for this purpose.

The Midwest Community, of which the University of Illinois is a part, has its own Council and our program is a part of a community-wide plan for the general improvement of physical and human welfare. The principal objectives of the Health Committee have been to stimulate and coordinate action on the great needs of the community.

A survey made at the Mid-west Community Fair indicated that only 14 children in 229 had ever been to a dentist and of the 14, it was largely for extractions. Bite-wing x-rays furnished and developed by the Illinois Department of Public Health were taken of children at the Fair. These x-rays were given to the children through their respective schools to be taken home and to a dentist for care. There has been no indication that these x-rays served this purpose. The question will be brought up by the President of the West Side Dental Society at the next meeting. At least, this was the first dental x-ray experience that most of the children had ever had. Teacher-nurses from other schools in the community have requested permission to send their children to our Clinic. One of the District Superintendents of Schools stated that she could be of more assistance if we could include another community which is also under her supervision. Her influence has already been felt in the construction of new schools to include a health room with running water and other facilities for the use of health personnel.

We plan to continue the dental program next year down through the kindergarten, if possible with great stress on preventive measures. The Board of Education will assist in this area next year by the addition of a bulletin to the teachers on "Pertinent Factors in Dental Health". This is an effort to put into practice the factors that are already known about dental health.

The need for a higher level of health among the indigent is recognized by many thoughtful members of the medical profession and by their colleagues in the social science field. It seems timely that maximum health also should be included with what is usually considered the three essentials of living, namely: food, shelter and

clothing. Although Sweden is an hereditary monarchy, it is noted for its advanced system of social insurance and legislation. It gives good care to the dental health of its children; it is our challenge and responsibility to do as well in our democracy.

The objectives as we look to the future are fivefold:

1) To direct more effort toward children's dentistry.
2) To give dental students and dental assistants experience in dental health education in a community setting.
3) To try to unravel the obstacles to the overwhelming unmet dental needs in communities that are largely indigent.
4) To work toward more dental health education throughout the public school curriculum and the community as a part of a total health program to promote desirable health values.
5) To organize with the cooperation and assistance of the medical societies, institutions and the community a program directed toward maximum health of the citizens.

* * * * *

FROM "MICHIGAN'S HEALTH"*

Prevention Replaces Correction As Chief Duty for Local Health

Preventing illness is the No. 1 job of local health departments today, but correcting the damages of illness was the chief duty in 1931, the year Dr. Ralph Ten Have became director of the Ottawa County Health Department.

Dr. Ten Have, who with time out for private practice during World War II is now observing his 25th year in the position, sums up the trend from correction to prevention in this way:

"In the early '30s we spent most of our time putting out 'fires.' Today we spend most of our time telling people how to keep 'fires' from breaking out."

As an example of the change in approach, he points to maternal and child health.

"When I joined the department we were making many home calls to new-born babies and expectant mothers. Today, we spend the same proportionate amount of our time teaching expectant parents' classes showing how to prepare for the birth of a healthy baby. The classes have helped lower our maternal and infant death rates, and also have helped produce healthier babies and mothers."

The shift to prevention has seen dramatic improvements in communicable disease control and sanitation. Instead of placards and quarantines. Dr. Ten Have's department now relies on preventive immunization to combat such diseases as diphtheria, whooping cough, and tetanus. Milkborne and waterborne diseases have been brought under control by pasteurization of milk and chlorination of public water supplies.

*Michigan Department of Health Monthly Publication.

AMBLYOPIA DETECTION IN SCHOOL HEALTH SCREENING

RUDOLPH H. BOCK, M.D.
Palo Alto, California

To most school nurses vision screening of grade school children is still fraught with problems—problems that increase inversely with the age of the child. Is she sure that a lower Snellen chart reading is really due to a weakness of the child's eye, or is it only lack of attention and concentration on the part of the child? How can she avoid under- and over-referral? And finally, and most important, has she not missed a case of amblyopia because her methods of occlusion were unreliable? It is probably this latter question which should be most on her mind, because amblyopia is the only common type (incidence 2-3%) condition of early school age that requires immediate attention, and which, if not detected and treated early, will lead to permanent visual deficiency.

By amblyopia or, in the layman's terminology, "lazy eye", we mean a condition in which the vision has not developed fully because the child has not used the eyes properly in the act of seeing. Usually only one eye is affected while the other one has normal vision. An amblyopic eye appears structurally perfectly normal, even upon careful examination by the doctor, but often may be more far-sighted or astigmatic than the "good" eye. In such a situation, while the child looks with both eyes, only one will be in focus and will develop good visual acuity while the other one, which is always perceiving blurred images, cannot develop in the same manner and ends up with poor vision. Another cause for amblyopia is an abnormal position of the eyes (crossed eyes). The eye which is turned in (or out) does not develop normal vision because its corresponding fixation spot does not fall upon the macula—the central area of the retina which alone is anatomically predestined to develop normal vision.

The most important period for the development of sight is from birth to six years of life. What an eye has not learned by then is very difficult to learn later. We usually consider the chance of curing an amblyopia after the age of ten as almost nil. The sooner we detect a lazy eye the greater are our prospects of successful treatment, and the less time it will take to develop good vision. The basic idea in treating this condition consists in first correcting the refractive error of the lazy eye with a glass, and then forcing it to see by patching the "good" eye. In severe cases, stimulation of the macula of the amblyopic eye with special devices is necessary in order to "wake up" this center of vision.

Although it is present from childhood on, amblyopia becomes a handicap only in later life when coordinated function of the two eyes become important. A person with only one good eye has no fine depth perception, a function that is mandatory in many jobs in our highly industrialized civilization. He will easily get tired and develop eye strain in his good eye upon reading or other maticulous eye work because this eye has to do the work that normally is distributed between the two eyes. Finally, if anything should happen to his good eye, he will be visually handicapped because he will not be able as an adult to develop his sight in the lazy eye.

The school nurse, obviously, is concerned with early detection of this condition. It can not be stressed too much that routine vision screening should be started in kindergarten, and possibly attempted before that in nursery school. If a child has crossed eyes, the school nurse will immediately think of the possibility of amblyopia, and suggest that the parents seek medical advice, if they have not done so already. She may encounter real difficulty when trying to find the amblyopias that show no obvious abnormality, except a lower visual acuity. These children do not appear to have any visual difficulties as long as both eyes are open and used together, because the good eye has taken over completely, and does all the work. They have adapted, without knowing it, so well to their handicap that they are extremely clever at peeking with the good eye around our various conventional occlusor devices (paper cups, cardboards, etc.) unless they are very closely watched during testing. It happens, therefore, time and again, that an amblyopia is missed and valuable time for treatment is lost.

In order to make screening more foolproof the new mask-like device" has been developed. As the photo shows, it eliminates all peeking, and the moustache-like movable flipper arm allows only one vision hole to be free at a time while the other one is securely shut. The testing is made more interesting to the children by designating one child as the so-called "flipper", whose job it is to flip the arm up and down as one eye is tested, then the other. The open hole can be recognized by the examining nurse from afar by the oblique position of the flipper arm. While testing, the nurse stands near the Snellen or "E" chart pointing to the test letter. The frames will fit any child from five to twelve years of age, and can be easily cleansed with soap and water. Transmission of disease does not seem to be a problem. We excluded children with obvious contagious disease temporarily from the testing and have not had a single case of eye infection following the screening.

*We are grateful to Mrs. Mildred Thompson, Supervisor of Nurses of the Palo Alto Unified School District, and Mrs. Margaret Clark of the Sunnyvale School District, and their staff of school nurses, for their excellent cooperation. They not only supervised the actual vision screening and compiled the statistics, but gave us the necessary encouragement to go ahead with what appeared to be a worthwhile sight-saving project. We also wish to thank the Peninsula Optical Company for their help in development of the mask.

**The masks may be ordered by writing to Occlusor Masks, P.O. Box 199, Station A, Palo Alto, California. Patent pending.

Thirteen school nurses* of the Palo Alto and Sunnyvale (California) School District examined 10,041 grade school children (from kindergarten up) with this new device during the school years 1957-1959. It was their opinion that this mask eliminated peeking, so that they were much more confident of their findings. It made screening less time consuming, and gave better cooperation on the part of the small children because it was fun for them. Using two frames particularly helped to speed up the procedure—while one child was being tested, the next one put the frame on and was ready when his turn came.

Among this group of over 10,000 children, one out of four amblyopias, or 25%, had been missed on previous vision screening with conventional methods. By applying the sample figures of our pilot study on a national level, we would arrive at an approximate number of 350,000 people with defective vision in one eye. These people could have had normal vision if detected in time with proper vision testing methods. We feel that this occlusor frame is a definite asset to the vision screening programs of grade school children, and have, therefore, made them available to all school districts in California. By extending this vision screening program to a statewide level, we hope to gain more information about the incidence and possibility of early detection of amblyopias.

Summary—The significance of amblyopia and the importance of its detection in school vision screening is disclosed. A new foolproof occlusor mask, particularly useful for smaller children from kindergarten and up is described. It allows more reliable and rapid screening. 25% more amblyopias were detected by using this device than by conventional screening methods.

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EDWARD T. WILKES, M.D.

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ALBERT BANDURA, *Stanford University; and*
RICHARD H. WALTERS, *University of Toronto*

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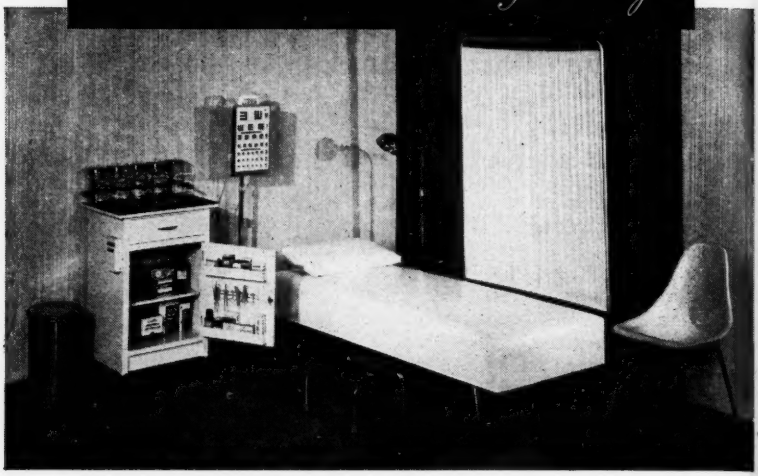

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